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cultivate it. The writer recalls an instance where a most spiritual and devoted clergyman, in visiting a hospital morgue, objected strongly to the noisy, rough manner of the man in charge. This may have been due to nervousness or to carelessness. In another case, the relatives were shocked by undue exposure, which was, however, entirely traceable to accident. It is comforting to know that on the whole a fitting reverence does obtain in our hospitals and in private practice; that if this is a materialistic age, it is one also of toleration and respect for others' beliefs.

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## THE ORIGIN, GROWTH, AND PRESENT STATUS OF DISTRICT NURSING IN ENGLAND

By AMY HUGHES

Delegate from fourteen Nursing Societies of England

ON receiving the kind invitation to read a paper on "The Origin, Growth, and Present Status of District Nursing in England" my first feeling was that it would be difficult to avoid repeating much of what had already been said when I had the honor of speaking on the work of the Queen Victoria's Jubilee Institute for Nurses at the Nursing Conference held in Chicago in 1893. I trust you will forgive some inevitable repetition, as the work of the Queen's Institute, of which I am again the representative to-day, is closely interwoven with the history of district nursing.

In collecting statistics of the work since then, one cannot fail to be impressed by the rapid growth of this branch of nursing and the way it has spread over the kingdom.

If this increase is remarkable in eight years, it is much more so since the first effort to bring skilled nursing within reach of the poor in their own homes was made by Mrs. Fry in 1845, who established the Nursing Sisters of Devonshire Square, Bishopsgate, for that purpose. This effort was followed by the Society of St. John's House, founded in 1848 with the design "of improving the qualifications and raising the character of nurses for the sick in hospitals, among the poor in their own homes and in private families, by providing for them professional training, together with moral and religious discipline under the care of a sister superior aided by a chaplain."

District nursing was first definitely formulated in Liverpool in 1859, a trained nurse being sent to work in a small district.

Such good results were obtained that its promoter, Mr. W. Rathbone, was encouraged to extend the work, and within four years the whole of

\* Read at the Congress in Buffalo, September, 1901.

Liverpool was divided into eighteen districts, each supplied with a trained nurse. To avoid any risk of the work becoming a new system of distributing relief, the nurses were not allowed to give any sick-comforts themselves. A band of ladies undertook to be responsible for the cost of such necessities for the poor of their own neighborhood, and this system is continued at the present day in Liverpool. As the work increased, a successful change was introduced by placing the nurses in district homes under fully trained superintendents, instead of allowing each one to live in separate lodgings. The value of this change made itself immediately manifest in the improved standard of work and discipline among the nurses, as well as in increased zeal and esprit de corps. There are now four homes established in Liverpool and forty-one nurses, the Central Home, newly opened, being a model of convenience for the work.

The success of the system of district nursing in Liverpool stimulated the work in other places, and in several large towns nurses were provided for the sick poor.

It appears strange to us that at that comparatively recent date the greatest obstacle lay, not, as might have been expected, in the want of supporters for such a novel scheme, and, in consequence, want of funds, but in the extreme difficulty of obtaining the necessary nurses. It seems almost incredible that sober, trustworthy women, with nursing experience, were hardly to be found for this work. I may quote on this point from Mr. W. Rathbone's "Sketch of the History and Progress of District Nursing," to which this paper is already greatly indebted: "As a step towards the improvement of the nursing standard, the matron of the Royal Infirmary in Liverpool had been empowered to pay a salary of sixteen pounds to any nurse who deserved it. This salary was certainly not an exorbitant one, and yet no more than four nurses could be found worthy to receive it. Any ordinary nurse of that time, if paid more than the usual salary of ten pounds, would most probably have incurred dismissal for drunkenness after the first quarter-day." In thus tracing this work from its origin we realize the enormous strides made by the nursing profession since Miss Nightingale founded the Training-School for Nurses at St. Thomas's Hospital in 1860.

The first of the societies organized for the sole benefit of the poor in London was the "East London Nursing Society," founded in 1868. It attains its object by placing a trained nurse in each parish and supplying fully trained nursing superintendence; there is also an efficient plan for the supply of necessary diet and comforts for the patients. There are now three homes in East London, accommodating most of the thirty-three nurses who work there; the rest still live in lodgings. The society is affiliated to the Queen's Institute.

A new development which led to the foundation of the Metropolitan and National Nursing Association in 1874 gave a fresh impetus to district nursing. The movement was initiated by the Council of the Order of St. John of Jerusalem, and the objects of the association were as follows:

1. To train and provide a body of skilled nurses to nurse the sick poor in their own homes.

2. To establish in the metropolis and to assist in establishing in the country district organizations for this purpose.

3. To establish a training-school for district nurses in connection with one of the London hospitals.

4. To raise by all means in its power the standard of nursing and the social position of nurses.

The great departure in this scheme was the employment of nurses drawn from the ranks of educated women, due to the suggestion of the first superintendent, Miss Florence Lees, now Mrs. Dacre Craven.

In her own words: "There were several grounds for this decision, and these were chiefly that, in nursing the poor in their own homes, nurses were placed in positions of greater responsibility in carrying out doctors' orders than in hospitals; that women of education would be more capable of exercising such responsibility; that the vocation would attract women anxious for independent employment, and a corps of nurses recruited altogether among educated women would have a greater influence over the patients, and by their higher social position would tend to raise the whole body of professional nurses in the consideration of the public."

Such an innovation was not considered practical by those most interested in the movement, even Miss Nightingale saying, "I don't believe you will find it answer, but *try* it, try it for a year." The result, however, fully justified the experiment, and the high standard thus established has exercised its influence over the whole development of the work.

It was resolved to adopt the principle that the nurses should live together in homes under trained district superintendents, and a central home was established. From this centre several homes were rapidly started, and by 1887 there were nine established in London on these lines, besides several in the country.

It remained, however, for Queen Victoria, by the institution of "The Queen Victoria's Jubilee Institute for Nurses," to consolidate the work of district nursing and to raise it from the sphere of individual effort to become a great national institution. Queen Victoria realized the great benefits arising from this work, which had been quietly making

its way among the humblest of her subjects. With that keen insight into the merits of a debated question which was one of her attributes, she decided to devote the bulk of the subscription raised by the women of England as a gift to her Majesty on the occasion of the celebration of the fiftieth year of her reign, some seventy thousand pounds, to this comparatively unknown object, rather than to bestow it on some already established charity.

In 1888 her Majesty approved a scheme for connecting the Jubilee Institute with the ancient charity of St. Katharine's Hospital.

In order to obtain the interest and support of local institutions, of which there were many already existing in the large towns, conditions of affiliation with the Queen's Institute were drawn up. These were at once accepted by the Liverpool association, with others, and now there are comparatively few nursing organizations which are not in touch with the institute. A trained nurse was also appointed as general inspector of nursing.

In 1889 the institute was incorporated by royal charter, and a president and council were appointed by her late Majesty.

Mention must be made of what was done in Scotland, Wales, and Ireland, as well as in England, to estimate rightly the growth of district nursing.

In Scotland an energetic council at once started a central home in Edinburgh, and the system extended rapidly to Glasgow, Dundee, Aberdeen, and other places.

In Wales a Central Home was established in Cardiff, and the work has spread slowly but steadily over the principality. It is found necessary to employ Welsh-speaking nurses in the rural districts, as that language is still spoken far more generally than is supposed, especially among the older people. However, in spite of this difficulty, the work is spreading from one district to another.

In Ireland the initiation of district nursing was slower, and it was necessary to establish two training-homes in Dublin, one for Roman Catholic, the other for Protestant nurses. But its progress has been uninterrupted, and the Queen's Nurses are in every part of the country, even in the desolate island of Achill, where, to quote the words of the superintendent: "The people are nursed under conditions inconceivable except to those who have seen them. There is only one nurse to the eight thousand inhabitants, and Achill is twenty-five miles long and fifteen miles broad."

In 1888, almost at the same time as the Queen's Institute was taking form and beginning its great work in the towns and large centres of the United Kingdom, the Rural Nursing Association was started

very quietly in a corner of the Western Midlands, by a small association of ladies and gentlemen, to provide nurses and midwives for the sick poor, with whose homes and needs they were personally familiar. From the first the Rural Nursing Association determined against the system of sending nurses to live in their patients' homes, the committee believing the poor have neither accommodation nor means sufficient to enable them to lodge and feed, as well as partially to pay for the services of a competent nurse. A high standard of training was required, and the nurse's services were extended over as large an area as possible by means of a pony or donkey cart, and later of the ubiquitous bicycle. This association was soon affiliated to the Queen's Institute, in 1891, and in 1897 was amalgamated entirely with it.

The question of providing nurses for the scattered villages and hamlets in thinly populated areas where work is intermittent and distances great is a difficult one.

This special branch of district nursing is as yet in its very infancy, and much has to be done in the future to find a practical and satisfactory way of working the rural districts.

The system of county associations is an effort to meet the special difficulties in these districts. Trustworthy, responsible women are selected for training, especially as midwives and maternity nurses, and return to work in their own neighborhoods under the supervision of superintendents who are fully qualified Queen's Nurses. Valuable help in the training of these village nurses is given by the Plaistow "Maternity and District Nursing Association," whose work lies in the densely populated region of "London over the border."

There are now five of these county associations in England, employing over one hundred and ten village nurses, three in Scotland, and one in Wales.

The history of the growth of district nursing would be incomplete without mentioning the work done by other institutions whose methods are different to those of the Queen's Institute. Among these are the "Biblewomen Nurses," founded by Mr. Ranyard, whose work lies in several districts of London.

The Mildmay deaconesses also send nurses into the homes of the poor.

In the country the system of the Ockley Nursing Association was formed to provide women with some knowledge of nursing to live in the home where there is illness, and perform the household duties as well as attend to the patient. The promoters claim this method answers the question of cottage nursing, especially in cases where the wife and mother is laid aside, but it has opened up other difficulties, some of

them unforeseen, which show the true solution of this problem has yet to be found.

I now pass on to speak of the present status of district nursing.

It is interesting to notice how the standard of training has risen with the growth of the work. Much still remains to be done in this direction, especially in the case of village nurses, but every year finds public opinion more enlightened on this point.

The great difficulty lies in the necessity of providing inexpensive nurses in poor districts in the country, especially in agricultural parts, and also in the ignorance still lingering among those who supply the nurses that good and sufficient training is a necessity.

When a patient and room are clean and tidy, and food and medicine regularly administered, there is a tendency to think all that is necessary has been accomplished.

It requires special knowledge to discriminate, on the one hand, between the woman who is disciplined to absolute obedience in carrying out orders, who is trained in the best possible way of performing the details of nursing service, each apparently trivial, yet so important in their sum total, and the woman who, however capable and willing, yet lacks the knowledge that in unreserved obedience to orders lies her *raison d'être*, who is prone to suggest remedies of her own, and is full of prejudices and superstitions which her short experience of training has failed to eradicate.

The Queen's Institute has formulated the highest standard of training and experience hitherto attained. Its nurses must have a *minimum* of two-years' training in an approved hospital or infirmary, followed by practical experience of district work under trained supervision. In many cases special training in a maternity hospital is also required. Nurses who wish to join the institute, having already been trained, are required to fulfil these conditions.

The institute aims at securing the services of educated women, believing them to exercise a beneficial influence over the patients and their friends. Tact, courtesy, and refinement are necessary to deal successfully with the ignorance and prejudices of the poor, whether in town or country.

I would lay special stress on the necessity of some practical experience of the work under trained supervision. It is not to supplement deficiencies in previous training, but to enable the nurse to apply her nursing knowledge to the best possible advantage under such altered conditions. She is saved the necessity of buying her own experience at the expense of her patients and herself if she profits by that already gained by others. Training is found desirable for those who engage in philan-

thropic works, such as settlements, etc., and it is equally necessary in this branch of nursing.

The Queen's Institute has added yet another development to its "Counsels of Perfection" by its adequate system of inspection by trained nurses. There is no suspicion of interference with local effort, no curtailment of personal energy, but simply a regular visitation of every affiliated association from the city with its forty to fifty nurses and their superintendents in various homes, to the solitary nurse in the remoteness of the country. Each association keeps its reports, etc., on the same lines, and from each the same standard of work is required.

The inspector comes as a friend alike to the nurse and the committee, visiting the cases, seeing the books, and helping by her experience and advice to smooth over any little difficulties that may arise. It is the evenness of the work thus obtained that is making it a success by securing a uniform standard throughout the land.

Two other fundamental principles of the institute are:

1. That the nurses shall not be almoners. Their work is nursing, and nursing only, though they are encouraged to bring deserving cases to the notice of the proper local authorities, and in every way thus to secure necessary sick-comforts for their patients.

2. That the nurses shall never interfere with the religious views of their patients.

These two rules lift the work of Queen's Nurses above suspicion of almsgiving and proselytizing. At the same time the nurses are left free to bring their patients in touch with the local agencies that make for good.

Nor must the indirect benefits of the work of the Queen's Institute (and of other nursing associations based upon right principles) be overlooked. They foster the spirit of independence and help the people to help themselves.

That this spirit does obtain in many localities is proved by the fact that in a quarry district in Wales two nurses are supported, and there is a balance of over three hundred pounds in the bank, which, with the exception of about fifty pounds, is contributed annually by the workmen, and in another district the nurse is practically supported by half-crown yearly subscriptions.

Nor is this all. By interesting the well-to-do of a district in their poorer neighbors, the Queen's Nurses form a valuable link in the chain of union between capital and labor.

There are excellent systems by which sick and convalescent diets, warm garments, and convalescent aid in giving change of air, etc., are brought to those who by no fault of their own are unable to obtain these



extra necessities when sickness is among them. Among these may be mentioned the Scottish Needlework Guild, the Bedford Sick Dinners Society, the London Convalescent Dinners Aid Society, and a number of others.

Then also the nurses can bring the homes of the patients to the notice of the local sanitary authorities, thus insuring cleanliness, a proper water supply, and other simple but essential necessities for healthy surroundings. Though forbidden to proselytize, their influence is the open door by which those who seek the moral welfare of their poorer brethren may obtain an entrance when other means have proved unavailing.

The personal interest of her late Majesty in this work has invested it with universal interest. This interest showed itself in many ways. The Council of the Queen's Institute was appointed by her, the names of all nurses were submitted to her before they were placed on the roll of "Queen's Nurses," and even the details of the nurses' uniforms were chosen by her. Those present at the gathering of "Queen's Nurses" at Windsor Castle on July 2, 1896, will not easily forget the enthusiasm kindled by the gracious, kindly words addressed to them by one who ever proved herself a woman full of sympathy with those in trouble and distress. "I am very much pleased to see my nurses here to-day, and to hear of the good work they are doing. I am sure they will continue to do it." Her Majesty's special recognition of the "Queen's Nurses" in Ireland, on the occasion of her visit there, was deeply appreciated and gave a direct stimulus to the work in that country. Her last message to the council was given on February 24, 1900, and runs thus:

"Her Majesty desires me to express the sincere satisfaction with which she learns that the institute continues to prosper and is so much appreciated." This interest is continued by the present Queen. In July this year some hundreds of Queen's Nurses received their badges from the hands of Queen Alexandra, thus establishing her identity with the institute as its present head.

Queen Alexandra's first address to the Jubilee Nurses at Marlborough House, July 3, 1901, his Majesty the King being present, with her Royal Highness Princess Victoria, her Royal Highness Princess Louise (Duchess of Argyll), and Prince Albert and Princess Victoria of Cornwall and York:

"It gives me the greatest pleasure to receive you all here to-day, and it is most gratifying to me to be able to carry on the noble work founded by our dearly beloved and never-to-be-forgotten Queen, Victoria. I have always taken the most sincere interest in nurses and nursing, and it affords me heartfelt satisfaction to be associated in your labors of love and charity.

“I can, indeed, imagine no better or holier calling than that in which you are engaged of tending the poor and suffering in their own homes in the hour of their greatest need. I shall follow with interest the reports of the institute, and shall anxiously note the progress which you are making from year to year.

“I pray that God’s blessing may rest upon your devoted and unselfish work, and that He will have you all in His holy keeping.”

A special effort is being made by means of the “Queen’s Commemoration Fund” to raise sufficient funds to endow the “Queen’s Institute” in perpetuity, so that it may keep pace with the ever-growing demands on its resources.

Having thus outlined the history of district nursing from one nurse in 1859 to the great work of mercy which has spread over the whole land, I would only add that it is not systems alone, admirable as they may be, which bring success, it is the work of each individual nurse which makes the work what it is; it is not nursing alone, though that should be as perfect and well-disciplined as training and experience can insure, but moral influence, to which there is practically no limit.

The influence of a good nurse remains after her nursing services are ended. It is the opportunities given by district nursing that make it so important and so responsible. Nurses who grasp the inner meaning of their work have few limits to their powers of usefulness. They nurse the homes as well as the patients; they give valuable object-lessons in the practical details of nursing, simple sick-cookery, cleanliness, etc., thus helping their fellow-women to be less helpless and hopeless when sickness invades the home.

They can advocate self-restraint, thrift, and household economics; they can give valuable advice in the dieting and management of infants and young children, so helping to strengthen the sinews of the nation,—“As the child is, so the man is,”—and the simple hygiene of proper feeding taught in language “understood by the people” means the future welfare of its sons.

Thus every earnest district nurse who sows the seeds of thrift, self-help, self-restraint, self-respect in the round of daily work is a helper, however obscure her path of duty, in solving the social problems of the day.

I will conclude with the message entrusted to me on June 15 by Miss Florence Nightingale to give to the district nurses at the Congress:

“I do not think that there is any human being who may be as useful as a district nurse if she is helpful without being interfering. May God bless and keep the district nurses here in a body is the fervent prayer of Florence Nightingale.”